



VETERINARY CERTIFICATE OF EXAMINATION FOR INSURANCE

(Must be completed separately for each horse)

PLEASE NOTE: The completed certificate must be forwarded directly to the above address and postmarked within ten (10) days after examination.

I, \_\_\_\_\_, do hereby certify that I am a graduate veterinarian holding a current license to practice in the State of \_\_\_\_\_ and that I have this day examined:

Name \_\_\_\_\_

Sire \_\_\_\_\_ Dam \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Breed \_\_\_\_\_

Markings and tattoo number \_\_\_\_\_

Owned by \_\_\_\_\_

Pulse and respiration normal? [ ] Yes [ ] No Temperature normal? [ ] Yes [ ] No Eyes normal? [ ] Yes [ ] No Heart normal? [ ] Yes [ ] No Has horse been nerved? [ ] Yes [ ] No Has horse been castrated? [ ] Yes [ ] No If mare, is she reported in foal? [ ] Yes [ ] No If yes, do you believe her to be carrying twins? [ ] Yes [ ] No

Has the horse been tested for a genetic link to HYPP (Quarter Horses or Paints) or CID (Arabians)? [ ] Yes \_\_\_\_\_ [ ] No (Result)

If foal less than ninety (90) days old, was IgG test result greater than 400 mg/dl? [ ] Yes [ ] No If not, what was the result? \_\_\_\_\_

If stallion at stud, are both testicles of normal size, consistency and rotation? [ ] Yes [ ] No If not, or if any reported breeding problem, please explain: \_\_\_\_\_

Has any surgery, firing or blistering been performed? [ ] Yes [ ] No If yes, describe: a. procedure, b. state of recovery, c. likelihood of future problems and/or complications resulting from the procedure. \_\_\_\_\_

Any lameness or faulty conformation or other abnormal condition? [ ] Yes [ ] No Describe: \_\_\_\_\_

Has the horse had colic or any other intestinal disorder during the previous twelve (12) months? [ ] Yes [ ] No If yes, describe, including frequency of occurrence. \_\_\_\_\_

Has the horse had any neurological disorder such as E.P.M. or Wobbler Syndrome? [ ] Yes [ ] No \_\_\_\_\_

A COGGINS test was performed on \_\_\_\_\_ and the result was \_\_\_\_\_.

Is the horse exposed to any contagious or infectious diseases? [ ] Yes [ ] No If yes, describe: \_\_\_\_\_

Explain any abnormal condition \_\_\_\_\_

In your opinion, or to your knowledge, are there any medical facts that should be brought to the attention of the company? \_\_\_\_\_

Except as noted above, I hereby certify that to the best of my knowledge and belief the horse is in sound condition.

Date \_\_\_\_\_ and Time \_\_\_\_\_ of Examination By \_\_\_\_\_



Signature of Veterinarian

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_